

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

IN THE INTEREST

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CHECK ONE:

OF

☐

NOTICE OF INTENT
TO CLAIM PATERNITY
AND OBTAIN CUSTODY

☐

NOTICE OF INTENT TO
CLAIM PATERNITY FOR
NOTIFICATION PURPOSES

(Note: Failure to check a box will result in this being treated as a filing for notification purposes only.)

Pursuant to Nebraska Revised Statutes §43-104.01 and §43-104.02, as amended,

I, _____, acknowledge and state

that I am the father of _____ (to be) (who

was) born to _____ on the

____ day of _____, _____. The mother resides at _____
(Street)

_____, _____, _____.
(City) (State) (Zip)

I acknowledge liability for contribution to the support and education of the child after its birth and for contribution to the pregnancy-related medical expenses of the mother.

I agree to promptly notify the Nebraska Department of Health and Human Services Finance and Support, Vital Statistics Section, Paternity Registry of any change in my address.

The following information pertains to NOTICE OF INTENT TO CLAIM PATERNITY AND OBTAIN CUSTODY only.

I further acknowledge and state my intent to obtain custody of said child. I understand that if a petition is not filed in the county court in the county where said child was born or a separate juvenile court that already has jurisdiction over said child for an adjudication of my claim of paternity and right to custody within thirty (30) days after the filing of this notice, my consent

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to the adoption of said child shall not be required and any alleged parental rights of mine shall not be recognized thereafter in any court.

I understand that I have the right to revoke this notice at any time.

Dated this _____ day of _____, _____.

Witness

Signature of Claimant

Social Security Number of Claimant

(Street)

(City) (State) (Zip Code)

NOTE: If this form is filed with a local or district office of HHS, it **MUST** be forwarded to the Vital Statistics Section, Paternity Registry at the Central Office for further processing and filing.

Vital Statistics Section, Paternity Registry
Nebraska Department of Health and Human Services
Finance and Support
1033 "O" Street, Suite 130
P. O. Box 95065
Lincoln, NE 68509-5065